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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT ON THE HEALTH OF THE SCHOOL CHILD

For the Year 1953

A. ELLIOTT, M.D., D.P.H.

Principal School Medical Officer

SEEN BY THE
MEDICAL OFFICER

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RECEIVED
HEALTH DEPARTMENT

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HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.

15th March, 1954.

To the Chairman and Members of the Kent Education Committee

During the year 1953 there were no major changes in the School Health Service which continued to operate on very similar lines to those reported in previous years. It is of interest to see, however, that the Minister of Education, as stated on page 10 of this report, has now given more freedom of action to Education Authorities in the making of arrangements for routine medical inspections. It is thought that consideration might well be given to this matter to see whether any advantages might accrue from a variation in present practice, in particular of the examination of children at the age of eleven years. It may well be that it would be more helpful to the teaching staff of secondary schools if this examination were to be carried out during the child's first year of secondary education rather than during its last year in the primary school. The point however cannot be overlooked that factors of health could be brought to light under the existing system which might have a bearing on the type of secondary school for which a child is fitted.

The number of children on the school rolls showed a further small increase in the primary schools due to the effects of the rise in the birth rate in the early post-war years, but there was a small diminution in those attending secondary schools. The general condition of the children as a whole was well maintained, a slightly larger percentage being recorded in Category A than in the previous year. The increase in the percentage of Category C is probably not of any statistical significance since the numbers are relatively small and it must always be borne in mind that these classifications must be an arbitrary matter and dependent to a very large extent on the personal standards set by individual medical officers. The results of cleanliness inspections are, on the other hand, statement of fact and it is pleasing to be able to record a further diminution in the number of children found to suffer from infestation.

I would once again express my thanks to the Members of the Committee for their support and to the administrative and teaching staff of the Education Department. I should also place on record my appreciation of the loyalty and zeal of the staff of the School Health Service and, in particular, I would thank Dr. Lyon, the Deputy Principal School Medical Officer, for his enthusiasm.

A. ELLIOTT,
Principal School Medical Officer.

Estimated population of the Administrative County (at the 30th June, 1953)	1,558,900
Number of Primary Schools or departments	685	
Number of pupils on the roll	138,547	
Number of Secondary Modern Schools or departments	123	
Number of pupils on the roll	54,817	
Number of Grammar Schools	35	
Number of pupils on the roll	17,353	
Number of Technical Schools	17	
Number of pupils on the roll	6,465	
Number of minor ailment clinics	66	
Number of dental clinics (51 permanent, 11 temporary)	62	
Number of mobile dental clinics	3	
Number of ophthalmic clinics	27	
Number of orthopædic clinics under the control of the Health Committee	13	
Number of speech therapy clinics	18	
Number of child guidance clinics (including City of Canterbury)	6	

SCHOOL CLINICS.—The following are the permanent clinics in the Committee's area, including clinics attached to Hospitals:—

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Ashford	14, Canterbury Road	M.R.D. Sd.
Ashford	Child Welfare Centre, Station Road ..	O.
Aylesham	A.R.P. Shelter, C.P. School	M.D.
Borough Green ..	Western Hall	M.D.
Broadstairs	Mothercraft Club	D.
†Canterbury	51, London Road	C.G.
Canterbury	Kent and Canterbury Hospital	R.
Canterbury	94, Whitstable Road	D. Sd.
Chatham	Elm House, 15, New Road Avenue ..	M.
Chatham	118, Maidstone Road	M.R.D. Sd. C.G.
Chislehurst	The Willows, Red Hill	M.R.D. Sd. C.G. Asthma
Cranbrook	A.R.P. Shelter, C. Sec. School	D.
Crayford	Mayplace Road C.P. School, Woodside Road, Bexleyheath	C.G.D.
Crayford	Town Hall (adjoining)	M.R. Asthma Sd.
Crayford	154, Colyer's Lane, Slades Green	M.
Dartford	West Hill Hospital	M.R. Asthma D.
Dartford	C.W. Centre Market Street	Sd.
Deal	The First Aid Post, Victoria Park ..	M.D. Sd.
Deal	Victoria Hospital	R.
Dover	Royal Victoria Hospital	M.R.
Dover	Astor Dental Clinic	D.
Erith	Hainault, Lesney Park Road	M.R.D.
Erith	Bedonwell Hill	M.D.O.
Erith	St. Augustines C.P. School, Belvedere ..	M.
Faversham	Wesleyan Hall, Solomon's Lane, Preston Street	M.D.
Folkestone	Old Harvey Grammar School, Foord Road ..	M.D.
Folkestone	Baker Road, Cheriton	M.D. Sd.
Gravesend	Windmill Street, Welfare Centre	M.
Gravesend	"The Nest," Welfare Centre	M. Sd.
Gravesend	Gravesend and North Kent Hospital ..	R.
Gravesend	5, Manor Road	D.
Gravesend	Estate Office, Whitehill Road	M.
Herne Bay	K.C.C. Treatment Centre, Kings Road ..	M.R.D.
Hythe	Child Welfare Centre, Prospect Road ..	R.D.
Maidstone	Foster Street	M.D.
Maidstone	Brunswick House, Buckland Hill	C.G. Sd.
Maidstone	Ophthalmic and Aural Hospital	R.
Maidstone	North Borough C.P. School	D.
Maidstone	South Borough C. Sec. School	D.
Maidstone	Shepway C.P. School	M.
Margate	Child Welfare Centre, College Road ..	M.R.D.O.
Margate	King Ethelbert Clinic	M.
Margate	Eton House, St. Peter's Road	Sd.
Mottingham	Kimmeridge Road	M.D.
Northfleet	West Kent House, Station Road	M.D.
Orpington	School House, Chislehurst Road C.P. School ..	M.R.D.
Paddock Wood ..	Paddock Wood C. Sec. School	D.
Penge	17, Oakfield Road, S.E.20	M.R.D.
Ramsgate	Health Centre, Newington Road	M.R.D.O. U.V.R.
Rochester	Strood House, Corporation Street	M.D.
Rochester	Gun Lane, Strood	M.
Sevenoaks	Dorset House, St. John's Road	M.D.R.O.
Sheerness	Granville Villa, Granville Road	M.R.D.
Sidcup	10, Station Road	M.D. Sd.
Sittingbourne ..	36, Albany Road	M.R.D.
Sittingbourne ..	Johnson House, Burley Road	O.
Snodland	C.W. Rooms, Malling Road	M.D.
Swanley	Congregational Hall	D.
Tenterden	Town Hall	D.O.
Tonbridge	Baltic Road, Quarry Hill	M.D.R. Sd.
Tunbridge Wells ..	10-12, Calverley Terrace, Crescent Road ..	M.D.R. Sd. O.
Tunbridge Wells ..	3, Mount Ephraim Road	C.G.
Walmer	Liverpool Street	D.
Whitstable	Masonic Hall, Cromwell Road	M.D.
Whitstable	Clifford Hall	R.
West Malling	Badminton Hall	D.

EXCEPTED DISTRICTS

<i>Clinic</i>	<i>Address</i>						<i>Services</i>
Beckenham	..	80, Croydon Road	..	..	..	..	D.
Beckenham	..	School Clinic, Town Hall	..	..	..	..	M.R.D. Sd. O.U.V.R.
Beckenham	..	Hawes Down Clinic	..	..	..	..	M.D. Sd. O.
Beckenham	..	Alexandra School	..	..	..	..	M.
Beckenham	..	Balgowan School	..	..	..	..	M.
Beckenham	..	Grammar School for Boys	..	..	..	..	M.
Beckenham	..	Grammar School for Girls	..	..	..	..	M.
Beckenham	..	Bromley Road School	..	..	..	..	M.
Beckenham	..	Churchfields School	..	..	..	..	M.
Beckenham	..	Churchfields Special School	..	..	..	..	M.
Beckenham	..	Hawes Down School	..	..	..	..	M.
Beckenham	..	Marian Vian School	..	..	..	..	M.
Beckenham	..	Stewart Fleming School	..	..	..	..	M.
Bexley	..	Little Danson Clinic, Welling	..	..	..	..	M.D.R.
Bexley	..	3, Murchison Avenue, Bexley	..	..	..	..	M.O.
Bexley	..	Wrotham Road Clinic	..	..	..	..	Sd. M.
Bexley	..	Child Welfare Centre, Station Road, Welling	..	..	..	..	O.
Bexley	..	315, Broadway, Bexley Heath	..	..	..	..	M.D. U.V.R.
Bromley	..	Princes Plain Clinic	..	..	..	..	Sd. M. U.V.R.D.
Bromley	..	North Clinic, Station Road	..	..	..	..	O.M.R.D.S. U.V.R.
Bromley	..	Hayes C.P. School	..	..	..	..	M.
Bromley	..	Burnt Ash C.P. School	..	..	..	..	M.
Bromley	..	Quernmore School, London Lane	..	..	..	..	M.
Bromley	..	Aylesbury Road School	..	..	..	..	M.
Bromley	..	Southborough Lane	..	..	..	..	M.
Bromley	..	Pickhurst School	..	..	..	..	M.
Gillingham	..	Balmoral Gardens Clinic	..	..	..	..	M.R.D.
Gillingham	..	Health Centre, Rainham	..	..	..	..	M.D.

U.V.R.—Ultra Violet Radiation

M.—Minor Ailments

R.—Refractions

D.—Dental

C.G.—Child Guidance

Sd.—Speech defects

S.—Orthoptic training

O.—Orthopædic*

* These clinics are administered by the Health Committee.

† This clinic is administered by the City of Canterbury Education Committee.

In addition, temporary dental clinics are held as required in different parishes by arrangement with the Trustees of Village Halls, etc.

STAFF

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1953

	Proportion of whole-time allotted to	
	School Health Service (Percentage)	Other Services (Percentage)
PRINCIPAL SCHOOL MEDICAL OFFICER :		
Elliott, A., M.D., D.P.H.	25·0	75·0
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER :		
Lyon, D. M., O.B.E., M.B., CH.B., D.P.H.	50·0	50·0
SENIOR ASSISTANT COUNTY MEDICAL OFFICERS (Central Staff):		
Allen, Letitia M., M.B., CH.B., D.P.H.	9·1	90·9
Hazeldene, J. H., M.B., CH.B.	75·0	25·0
ASSISTANT COUNTY MEDICAL OFFICERS:		
Archer, G. Marjorie, M.R.C.S., L.R.C.P.	95·5	4·5
Bain, R. M., M.B., CH.B., D.P.H.	81·8	18·2
Begg, Rosemary A., M.B., CH.B.	72·7	27·3
Brennen, R. G., M.B., B.CH., D.P.H.	54·5	45·5
Butterfield, Kathleen F., M.R.C.S., L.R.C.P., D.P.H.	77·3	22·7
Campbell, C., L.R.C.S., L.R.C.P., D.P.H., L.D.S.	100·0	—
Cagney, Mary, M.B., CH.B.	77·3	22·7
Cheesman, J. E., L.M.S.S.A., D.P.H.	100·0	—
Denholm-Young, Hilda M., M.A., M.B., CH.B.	100·0	—

						Proportion of whole-time allotted to	
						School Health Service	Other Services
						(Percentage)	(Percentage)
Dennison, D. J., M.B., B.S., M.R.C.S., L.R.C.P.	..	..	..	..	..	77·3	22·7
Desmond, D., M.B., B.CH., D.P.H.	..	..	..	..	..	81·8	18·2
†Eunson, Margaret W., M.B., CH.B., D.P.H.	..	..	..	..	..	36·4	—
Flynn, Mary, M.B., CH.B., D.P.H.	..	..	..	..	..	79·5	20·5
Fox, F. W., M.B., CH.B. (From 12/1/53)	..	..	..	..	..	100·0	—
Fox, Helen D., M.B., B.S.	..	..	..	..	..	68·3	31·7
Goldthorpe, J. Clarke, M.R.C.S., L.R.C.P.	..	..	..	..	..	95·4	4·6
Handy, R., M.B., B.S. (Until 19/3/53)	..	..	..	..	..	—	—
Harper, C. H., M.B., B.S., M.R.C.S., L.R.C.P.	..	..	..	..	..	72·7	27·3
Harrison, Clarice, M.B., CH.B.	..	..	..	..	..	31·8	68·2
Hauxwell, Margaret, M.B., CH.B.	..	..	..	..	..	50·0	50·0
†Hawkins, B. E., M.R.C.S., L.R.C.P.	..	..	..	..	..	18·2	—
Heavens, W. H. N., M.R.C.S., L.R.C.P.	..	..	..	..	..	72·7	27·3
†Hewett, Beryl M., M.B., B.S., D.P.H.	..	..	..	..	..	31·8	—
Isaac, K. M. Gower, M.B., B.S.	..	..	..	..	..	50·0	50·0
†Kirk, D. W., M.B., CH.B.	..	..	..	..	..	18·2	—
Kyle, Edith E., B.A., M.B., B.CH., B.A.O.	..	..	..	..	..	72·7	27·3
Ledger, Margaret E., M.B., B.S.	..	..	..	..	..	36·4	63·6
Long, Mary E., M.R.C.S., L.R.C.P., D.R.C.O.G.	..	..	..	..	..	63·6	36·4
Love, Mary, M.B., CH.B., D.P.H., D.R.C.O.G.	..	..	..	..	..	72·7	27·3
MacQuillan, C. J., B.A., M.D. (From 28/9/53)	..	..	..	..	..	81·8	18·2
Molesworth, E. M., M.B., CH.B.	..	..	..	..	..	95·5	4·5
Nicholls, Edith G., M.A., M.B., CH.B.	..	..	..	..	..	9·1	90·9
Nithsdale, Jean, M.B., CH.B., D.P.H.	..	..	..	..	..	50·0	50·0
Paterson, Elfriede, M.R.C.S., L.R.C.P.	..	..	..	..	..	68·2	31·8
Pimm, Constance S., M.B., CH.B.	..	..	..	..	..	95·5	4·5
†Pringle, E. G., M.D.	..	..	..	..	..	18·2	—
Stableforth, Gladys, M.D.	..	..	..	..	..	54·5	45·5
Sharvelle, Doris G., M.R.C.S., L.R.C.P., D.P.H.	..	..	..	..	..	84·1	15·9
Sugden, K. H., M.R.C.S., L.R.C.P.	..	..	..	..	..	77·3	22·7
Taylor, Barbara M. G., M.R.C.S., L.R.C.P., D.P.H.	..	..	..	..	..	77·3	22·7
Troughton, Kathleen N. W., M.B., B.S.	..	..	..	..	..	100·0	—
Whyte, Elizabeth C., M.B., CH.B., D.C.H.	..	..	..	..	..	77·2	22·8

In addition, the undermentioned Medical Officer of Health undertakes work on behalf of the Education Committee:—

Davies, H. S., M.D., D.P.H.	18·2	81·8
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PRINCIPAL SCHOOL DENTAL OFFICER :

Saunders, F. J., L.D.S.	63·6	36·4
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DENTAL SURGEON FOR ORTHODONTIC SERVICES:

Roberts, G. H., B.CH.D. (Until 6/11/53)	—	—
Thorn, N. K., L.D.S. (From 9/11/53)	100·0	—

DENTAL SURGEONS:

Bradbeer, C. C., L.D.S. (Commenced 1/1/53)	..	..	..	..	..	100·0	—
Cantor, H., L.D.S.	..	..	..	..	..	86·25	13·75
Cardell, I. S., L.D.S.	..	..	..	..	..	98·75	1·25
Causey, H., L.D.S. (Commenced 1/9/53)	..	..	..	..	..	72·0	28·0
Collard, S. T., L.D.S.	..	..	..	..	..	92·0	8·0
Crisp, B., L.D.S.	..	..	..	..	..	98·0	2·0
Cross, Mary E. O., L.D.S.	..	..	..	..	..	95·0	5·0
Dawe, Marjorie K. M., L.D.S.	..	..	..	..	..	93·5	6·5
Dawe, W. W. F., L.D.S. (Deceased 3/7/53)	..	..	..	..	..	—	—
Donald, J. R., L.D.S.	..	..	..	..	..	100·0	—
Elvy, Doris M., L.D.S.	..	..	..	..	..	89·5	10·5
Gausden, P. D., L.D.S.	..	..	..	..	..	93·5	6·5
Hall, T. A., L.D.S.	..	..	..	..	..	90·75	9·25
Hayes, L. F., L.D.S.	..	..	..	..	..	84·5	15·5
Heywood, O. B., L.D.S. (Commenced 1/10/53)	..	..	..	..	..	98·5	1·5
Hill, C. H., L.D.S.	..	..	..	..	..	86·5	13·5
Hobday, E. C., L.D.S. (Commenced 21/9/53)	..	..	..	..	..	95·5	4·5
Horncastle, M. J., L.D.S. (Until 31/12/53)	..	..	..	..	..	99·1	0·9
Lount, Joy, L.D.S.	..	..	..	..	..	81·2	18·8
Mahler, Edith, L.D.S.	..	..	..	..	..	92·0	8·0
Markham, F., L.D.S.	..	..	..	..	..	99·1	0·9

	Proportion of whole-time allotted to	
	School Health Service (Percentage)	Other Services (Percentage)
Moffat, W., L.D.S.	92·3	7·7
†Pollock, J. Glen, L.D.S.	9·1	—
Pryor, A., L.D.S.	86·7	13·3
Readett, Alison M., L.D.S. (Commenced 1/12/53)	89·3	10·7
†Reynolds, E. P., L.D.S. (Until 6/2/53)	—	—
†Rumble, J. D., L.D.S.	36·4	—
Seal, H. S. K., L.D.S. (Until 31/12/53)	100·0	—
Simpson, O., B.D.S., L.D.S.	87·0	13·0
Squier, Agnes, L.D.S.	79·0	21·0
Storey, Margaret B., L.D.S.	89·5	10·5
†Sturgess, Pauline, L.D.S.	45·5	—
Thorn, N. K., L.D.S. (Until 7/11/53)	—	—
White, Millicent, L.D.S.	91·5	8·5
Williams, B. T., L.D.S. (Until 7/10/53)	93·0	7·0

Officers engaged in Specialist Services at school clinics:—

Officers engaged in specialist services at school clinics.
 Time given to School Health Service (Percentage)

OPHTHALMOLOGISTS AND REFRACTIONISTS†:

Allen, N. H., M.R.C.S., L.R.C.P.	..	..	..	..	..	..	9·1
Applin, H. W., M.S., D.O.M.S.	..	..	..	..	..	..	9·1
Chivers, J. A., M.B., D.O.M.S.	..	..	..	..	..	..	18·2
Clark, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S.	..	..					13·5
Crawford, R. A. D., M.D., D.O.M.S.	..	..	..	..	..	..	27·3
Cogan, J. E. H., M.B., CH.B., D.O.	..	..	..	..	..	..	13·5
*Lorriman, F. J., M.D., F.R.C.S.E.	..	..	..	..	..	..	31·8
McDonnell, M., M.B., B.CH., D.P.H.	..	..	..	..	..	..	9·1
Medlycott, B. R., M.B., B.S., D.O.M.S.	..	..	..	..	..	..	45·5
Moore, E. L., M.C., M.B., D.O.M.S.	..	..	..	..	..	..	9·1
Rushton, R. H., M.R.C.S., L.R.C.P., D.O.M.S.	..	..	..	..	..	..	9·1
Simmons, G. L., M.R.C.S., L.R.C.P., D.O.M.S.	..	..	..	..	..	..	54·5
Symons, H. M., M.B., B.S., D.O.M.S.	..	..	..	..	..	..	9·1

ORTHOPÆDIC SURGEONS†:

*Baird, R. C., F.R.C.S.	..	..	..	..	..	..	2·9
*Buck, J. E., F.R.C.S.	..	..	..	..	..	..	4·5
*Gervis, W. H., M.A., M.B., F.R.C.S.	..	..	..	..	..	..	6·7
*Mayer, J. H., F.R.C.S.	..	..	..	..	..	..	6·7
*St. Clair Strange, F. G., F.R.C.S.	..	..	..	..	..	..	4·5
*Wright, P. R., F.R.C.S.	..	..	..	..	..	..	9·1

PSYCHIATRISTS:

*Clouston, G. S., M.D., D.P.M., C.P.H.	..	..	..	..	..	..	100·0
*FitzHerbert, Joan, M.R.C.S., L.R.C.P., D.P.M.	..	..	..	..	..	..	100·0
*†Maberly, A., M.B., B.CH.	..	..	..	..	..	..	18·2
*†Smith, J. Vincent, M.A., M.B., CH.B.	..	..	..	..	..	..	63·6
*Wellisch, Erich, M.D.	..	..	..	..	..	..	100·0

	Proportion of whole-time allotted to	
	School Health Service (Percentage)	Other Services (Percentage)
EXCEPTED DISTRICTS:		
BECKENHAM BOROUGH		
<i>Medical Officer of Health:</i>		
Edwards, L. R. L., M.D., D.P.H.	36·0	64·0
<i>Assistant Medical Officers:</i>		
Collett, Susan, L.R.C.P., L.R.C.S.	68·1	31·9
†Finer, D. I., M.R.C.S., L.R.C.P.	9·1	—
†Harrison, L. T., B.SC., M.R.C.S., L.R.C.P.	9·1	—
†Sheridan, M., M.B., B.CH., B.A.O. (Until 14/9/53)	—	—
†Stilwell, G. D., M.R.C.S., L.R.C.P.	9·1	—
†Weber, M. E., M.R.C.S., L.R.C.P. (From 15/9/53)	9·1	—
OPHTHALMOLOGIST:		
†Lorriman, F. J., M.D., F.R.C.S.E.	9·1	—

							Proportion of whole-time allotted to	
							School Health Service (Percentage)	Other Services (Percentage)
ORTHOPÆDIC SURGEON:								
*Hulbert, K. F., F.R.C.S.	..	..	..	..	..	..	9·1	—
DENTAL SURGEONS:								
†Kininmonth, Mrs. M., L.D.S.	..	..	..	..	..	..	54·0	0·5
Waters, R. A., L.D.S.	..	..	..	..	..	..	92·0	8·0
BEXLEY BOROUGH								
<i>Medical Officer of Health:</i>								
Landon, John, M.R.C.S., L.R.C.P., D.P.H.				..	..	..	25·0	75·0
<i>Assistant Medical Officers:</i>								
Ring, Stella M., M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.				..	..	..	81·8	18·2
Walter, Nora, M.B., B.CH., B.A.O., D.C.H.				..	..	..	54·5	45·5
Yeates, Sybil Ruth, M.B., B.S., M.R.C.S., L.R.C.P.	..			..	..	..	90·9	9·1
OPHTHALMOLOGIST:								
†Chambers, R. M., M.B., B.S., D.O.M.S.	..		..	..	..	..	27·2	—
ORTHOPÆDIC SURGEONS:								
*Hulbert, K. F., F.R.C.S.	..	..	..	..	..	..	4·5	—
*Lawson, B., F.R.C.S.E.	..	..	..	..	..	..	4·5	—
DENTAL SURGEONS:								
Wade, H., L.D.S.	..	..	..	..	..	..	81·8	18·2
†Francis, Elizabeth, B.D.S., L.D.S.	..	..	..	..	..	..	63·6	—
†Quail, F., L.D.S. (Until 21/10/53)		..	..	..	..	..	—	—
†Arnold, P. G., L.D.S. (From 18/8/53)	..	..	..	..	..	..	36·4	—
BROMLEY BOROUGH								
<i>Medical Officer of Health:</i>								
Tapper, K. E., O.B.E., G.M., M.B., CH.B., D.P.H.	..			..	..	..	25·0	75·0
<i>Deputy Medical Officer of Health:</i>								
Carter-Locke, H. B. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	..					..	50·0	50·0
<i>Assistant Medical Officers:</i>								
Currie, P. A., M.R.C.S., L.R.C.P.	..	..	..	..	..	..	70·0	30·0
Laing, Stephanie A., M.R.C.S., L.R.C.P., D.C.H. (Until 10/10/53)							—	—
Maxwell, Christine, M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H. (From 12/10/53)	..	..	..	..	..	..	44·0	56·0
OPHTHALMOLOGIST:								
†Lyle, E. H. W., M.A., M.D., D.O.M.S.	..		..	..	..	..	27·3	—
ORTHOPÆDIC SURGEON:								
*Hulbert, K. F., F.R.C.S.	..	..	..	..	..	..	9·1	—
DENTAL SURGEONS:								
King, A. F., L.D.S.	..	..	..	..	..	..	88·1	11·9
Lindsay, Mrs. C. M., L.D.S.	..	..	..	..	..	..	100·0	—
†Smith, A. B. G., L.D.S. (From 4/8/53)	..	..	..	..	..	..	36·4	—
GILLINGHAM BOROUGH								
<i>Medical Officer of Health:</i>								
Dunlop, Meta L., M.B., B.CH., D.P.H.	..		..	..	..	..	75·0	25·0
<i>Assistant Medical Officers:</i>								
†Corrall, Lorna Marmion, M.B., B.S., D.P.H.				..	..	..	27·2	—
†Porter, R. I., M.B., B.CH.	..	..	..	..	..	..	9·1	—
†Roffey, Mrs. J., M.R.C.S., L.R.C.P.		..	..	..	..	..	45·5	—
†Shenai, S. N. S., L.M.S.S.A.	..	..	..	..	..	..	27·2	—

	Proportion of whole-time allotted to School Health Service (Percentage)	Other Services (Percentage)
OPHTHALMOLOGIST:		
†Clark, J. E., Commander, R.N. (Retd.), M.R.C.S., L.R.C.P., D.O.M.S.	18.2	—
DENTAL SURGEON:		
Davis, H. de V., L.D.S. (From 1/1/53)	95.0	5.0
Griffiths, W. C., L.D.S.	95.0	5.0
* Officers of the Regional Hospital Board.		
† Part-time.		

	Number of Officers	Aggregate of time given to School Health Service work in terms of whole-time officers
OTHER STAFF:		
Health Visitors	253	80
Dental Attendants	40	38.3
Psychologists	9	6.5
Psychiatric Social Workers	5	4.5
Child Therapists	3	0.9
Speech Therapists	10	9.5
Oral Hygienist	1	1

There has been no change in the arrangements whereby four of the whole-time Assistant County Medical Officers devote approximately one session a week to clinical assistance, unpaid, in the hospitals in connection with pædiatrics. The arrangements were also continued whereby a number of Assistant County Medical Officers attended clinical classes at the Farnborough and Kent and Canterbury Hospitals.

One of the Committee's Educational Psychologists continued to give part-time service at the South-downs Reception Centre, Doddington, which is administered by the Children's Committee.

Seventy-one per cent of the full-time staff are now approved by the Minister of Education for the examination of educationally subnormal pupils.

There has been no change in the arrangements for the co-ordination of the medical staff. Approximately one-third of the Child Welfare Centres administered by the Health Committee are staffed by whole-time Medical Officers on the staff of the Education Committee; three whole-time Medical Officers give part-time assistance to the Mental Health Service and fourteen Medical Officers carry out routine examinations at Children's Homes on behalf of the Children's Committee.

Information concerning the staff of the School Dental Service is given in the report of the Principal School Dental Officer on page 20.

MEDICAL INSPECTION.

There has been no change in the arrangements for periodic medical inspections, and pupils in the age groups prescribed by the Minister of Education in 1945 were examined.

The Minister of Education, in exercise of the powers conferred upon her by Sections 33, 69 and 100 of the Education Act, 1944, issued new regulations on the 4th August, 1953.

Regulation 10 requires that the arrangements made for medical inspection of pupils shall ensure:—

“(a) a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable.”

The arrangements for medical examinations now in force in the Committee's schools do appear to fit in generally with the new proposals, but there might be occasion to consider again whether the examination now made of children in their last year in the primary school should be superseded by an examination carried out in the first year in the secondary school.

The number of children examined during 1953 in the routine age groups was 90,028 which represents 41.5 per cent. of the pupils on the school roll, compared with 41.8 per cent. for the previous year. In addition, 42,673 re-examinations of pupils found defective were carried out, compared with 42,270 re-inspections in 1952.

Every endeavour is being made for each school to be visited by an Assistant County Medical Officer at least twice a year, but this may prove to be impossible during the coming year owing to the increasing number of children in primary and secondary schools.

HANICAPPED PUPILS.

The categories of handicapped pupils as defined in the School Health Service and Handicapped Pupils Regulations, 1945, were amended on 4th August, 1953, by the School Health Service and Handicapped Pupils Regulations, 1953. Diabetic pupils are no longer included as a separate category and whereas the 1945 Regulations stipulated that blind, deaf, physically handicapped, epileptic and aphasic pupils must be educated in special schools, the 1953 Regulations require education in a special school for blind or deaf pupils only.

The ten categories of handicapped pupils are now defined as follows:—

(a) Blind Pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

(b) Partially Sighted Pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

(c) Deaf Pupils, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

(d) Partially Deaf Pupils, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

(e) Educationally Sub-Normal Pupils, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

(f) Epileptic Pupils, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

(g) Maladjusted Pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

(h) Physically Handicapped Pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

(i) Pupils suffering from Speech Defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

(j) Delicate Pupils, that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Periodic inspections are carried out at regular intervals by Assistant County Medical Officers at the five boarding special schools and two day special schools established by the Committee.

(a) *Schools for Educationally Subnormal Children.*

Dr. E. M. Molesworth reports as follows:—

(1) *Hythe, Seabrook Lodge Boarding School for Boys.*

“There are 28 junior, and 68 senior pupils at this school. During the year there were 16 entrants, 15 junior and 1 senior.

Medical inspection is directed to overhauling each boy once a year. Entrants are examined within a fortnight of admission. Those who are found to have defects are seen each term. Most of the boys are in poor physical condition when they arrive at the school. The school routine has therefore to aim first at an improved standard of physical health. The school's situation, good food, outdoor games, walks, singing and physical training all contribute towards this end. During the year it was noticeable that there was a general freedom from colds, and complete absence of infectious disease.

Arising out of medical inspections, 17 boys were referred for dental treatment, and 11 for Ophthalmic examination.

Two boys received remedial treatment for postural defects.

Speech defects received special attention from the Head Speech Therapist, who made periodic visits for consultation, and arranged treatment at the school for two cases.

Enuresis continues to receive special attention from the Headmaster with quite remarkable success. There are at present only four intermittent, and five persistent cases in the school. During the year three one time persistent cases have established control.

Three boys were admitted to hospital during the year. One boy was admitted with pneumonia on return to school from home. One boy dislocated his wrist. The third case was that of a boy who has been under specialist care on account of severe and progressive mitral stenosis. He was found to have a recurrence of the carditis, and is now in hospital.

Mental testing is carried on week by week. The general aim is to determine inherent capacity, which has often been obscured by pre-occupation with an unhappy environment, to decide when a boy is quite unable to benefit owing to mental defect, and to decide which boys will require supervision after leaving school.

Sixteen boys left school during the year, on attaining the age of 16. Fourteen were recommended for supervision. Of these two were certified and transferred direct to institutions.

School leavers were placed in employment as follows:—

Building trades	3	Farm and Garden	4
Merchant Navy, deck hands	2	Hotel, indoor staff	1
Coal-mining	1	Factory hand	1
Bakery	1	Sign-writer's shop boy	1

There is a great need for suitable hostel accommodation for these boys who are under supervision, where they can be watched over during the period of adjustment to adult life. In the past many boys who have been placed in employment, but have also been left to live in unsatisfactory conditions, have failed to make this adjustment, and have finally had to be relegated to institutional care.”

Dr. K. Gower Isaac reports:—

(2) *Broomhill Bank Boarding School for Girls.*

“During the year ended December, 1953, there were 66 girls on the school roll. This number was an increase and has increased still further in January, 1954, as the accommodation released by the building of the new kitchen and diningroom became available.

The general health of the girls has been good. There was one fairly severe influenza epidemic in the Spring Term and one later. As usual every girl had a routine medical examination in the year. Those in whom a defect was found were re-examined at appropriate intervals, as were those brought forward as special cases by Matron or staff.

One girl was transferred to St. Ebba's Hospital for observation and for a time she was a disturbing element and there were milder emotional disturbances. She has since returned to school. There were two cases of appendicitis. One girl was admitted to the Queen Victoria Hospital, East Grinstead, for a plastic operation on the face, one girl to Orpington Hospital for orthopædic operation, one to the Kent and Sussex Hospital for operation for squint. 32 visits were paid to the dental clinic. 19 girls visited the ophthalmic clinic, three to the child guidance clinic and 15 to the orthopædic clinic. In most cases more than one visit was paid. 41 visits for exercises at the orthopædic clinic were paid.

16 girls left on attaining 16 years. Four of these are in regular employment, three are at present unemployable and with the remaining nine their employment is not yet known. One girl was transferred to Valence School as her physical disability, i.e. arthritis, was felt to be the more urgent problem. One girl who had a rheumatic heart lesion relapsed and was unable to return. One girl was found accidentally drowned during the holidays.

Apart from 'Leavers', intelligence tests were given to girls where it was felt that a recent I.Q. would be of value. Three girls were discharged as ineducable.

On the social side the girls have been going out to the homes of members of Toc H. and the Speldhurst Women's Institute. There have been visits to places of interest and to the theatre. A Nativity play was produced in the school and performed on 12th December."

(b) *Schools for Delicate Children.*

Dr. C. H. Harper reports as follows:—

"(1) *Laleham School, Margate.*

"The school opened on the 9th January for the Spring term with a roll of 114 children, 51 boys and 63 girls (11 out-county girls).

The Summer term opened on the 24th April with a roll of the same number, including 10 out-county girls. The Autumn term commenced on the 11th September with the same roll, including 11 out-county girls and one additional out-county girl admitted near the end of term for reasons of urgency. I am pleased to report that the number of verminous heads found on admission has been greatly reduced this year, being about a quarter of those found in the previous year.

A classification of the various causes for which these children were admitted is shown as follows:—

	<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
Recurrent Bronchitis	11	12	7
Bronchiectasis	4	5	7
Asthma	37	32	40
Quiescent T.B. and T.B. Contact	16	27	18
Debility	41	29	25
Nutritionally subnormal	18	15	11
Psychological	7	16	24
Difficult home conditions	15	32	35
Miscellaneous (Hyperthyroidism, etc.)	13	7	7

The majority of the children showed evidence of improvement in health by the end of the second term, which was particularly noticed in the asthmatic group, in which no child showed major symptoms during the whole of the Autumn term. The infection rate was not unduly high during the year and included one Scarlet Fever and one Rubella, during the Summer term a mild attack of tonsillitis and acute otitis occurred in the Autumn term. The accident rate was low, two fractures of upper limbs and two dislocated elbows occurring during the year.

A table showing the improvement in physique follows:—

	<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
<i>Average weight gain</i>			
Boys	3.6 lb.	1.8 lb.	4.2 lb.
Girls	5.4 lb.	3.9 lb.	4.2 lb.
<i>Average height gain</i>			
Boys	0.66 in.	0.64 in.	0.58 in.
Girls	0.52 in.	0.52 in.	0.54 in.

For treatment of orthopædic defects, about 75 children were seen by Mr. Wright, Orthopædic Specialist, each term, and the majority received training in remedial exercises by Mr. Daughton, Physiotherapist and the school staff. From 4-14 children were examined by Dr. Crawford, Ophthalmologist, and glasses were prescribed in eight cases, and two were ordered orthoptic treatment. One girl continued artificial pneumothorax treatment at the Chest Clinic. Mr. Moffatt, School Dental Surgeon, gave 264 treatments throughout the year, and Dr. Sutcliffe made 45 visits to the sick bay over the same period.

Nocturnal enuresis continued to be a problem in about 14-22 children each term, but about two-thirds of them showed improvement by the end of their stay at the school.

About 10 per cent. of the children were found to be educationally subnormal in association with low intelligence, having I.Q.s in the region of 63-79, and this group did not respond so well to the special

educational facilities provided, as the other backward children. Again, about 10 per cent. of the children showed major psychological disturbance, and the effect of this group on the conduct of the school showed that a limitation of the numbers of this class of mental defect to be admitted into this type of special school, is necessary."

(2) *Gap House School.*

"27 children (19 boys and 8 girls), were admitted to the junior department of the school for the Spring term, 29 (19 boys and 10 girls), for the Summer term, and 27 (16 boys and 11 girls) for the Autumn term.

The conditions calling for their admission were as follows:—

	<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
Recurrent Bronchitis	7	4	5
Bronchiectasis	1	1	2
Asthma and Allergic Eczema	13	10	14
Quiescent Tub. and Tub. Contact	6	2	—
Debility	3	12	8
Psychological	—	5	4
Nutritionally subnormal	4	4	3
Miscellaneous (Coeliac Disease, etc.)	2	—	—

The children, on the whole, improved in their health after two terms at the school, especially in the Summer term, and in the group of respiratory infections, although the asthma group did not show the same marked improvement as the older age group at Laleham School.

The improvement in physique is shown in the following table:—

<i>Average weight gain</i>	<i>Spring Term</i>	<i>Summer Term</i>	<i>Autumn Term</i>
Boys	2·3 lb.	2·6 lb.	2·64 lb.
Girls	2·3 lb.	2·8 lb.	3·34 lb.

Enuresis, nocturnal and diurnal, was found in about 3-4 children each term including one boy who was admitted with severe encopresis who required careful re-education with, I am pleased to say, satisfactory results during the second term.

Mr. Wright examined 9-16 children each term for orthopædic defects and remedial exercises were given by Mr. Daughton. One or two children were examined by Dr. Crawford each term and glasses were prescribed.

Mr. Cantor, Dental Surgeon, gave treatment to 21 children throughout the year, and one child underwent tonsillectomy in hospital during the Spring term. Dr. Clement made 12 visits each term for the treatment of intercurrent illness and to give injections for the treatment of asthma.

I examined every child in both schools at entry and before leaving, and once a month during the term. Also I ascertained seven educationally backward children at Laleham School and one at Gap House School."

Dr. M. E. Long reports:—

(3) *Tunbridge Wells, Rusthall Day Open Air School.*

"Ninety-two children attended the Open Air School (Day) Rusthall, during the year 1953. There were thirty-one admissions and twenty-five discharges.

The School Roll at the time of this report numbers sixty-seven.

Age Groups	5-7 years	8-11 years	Over 11 years	Total
Number of children	40	38	14	92

Classification of Defects

Delicate	Lungs		Heart	Ortho- paedic	Neurological		Gland- ular	Malad- justed	E.S.N.
	Asthma	Bron- chitis			Epilepsy	Pareses			
43	12	5	5	6	6	5	3	5	2

The following table classifies the Intelligence Quotient range drawn from 52 I.Q.s available at time of report.

110 and over	109-100	99-90	89-80	79-70	69-60	Under 60
5	11	5	9	14	5	3

It will be noted that in the Table of Classification of Physical Defects, two children have been classed as Educationally Subnormal by virtue of having no physical defect and are on the urgent waiting list for transfer to a Special School for educationally subnormal children.

Again the school has been fortunate in remaining untouched by any epidemic of infectious disease. This year a physiotherapist has attended once a week to give special instruction and exercise for a selected group of children comprising those suffering from asthma or handicapped by orthopædic defects.

The heating apparatus installed in the Dining Room has proved satisfactory and a portion of the ground adjacent to the classrooms is being relaid to give increased facilities for out-door classes."

(c) *Boarding School for Physically Handicapped Children, Valence, Westerham.*

Dr. G. Stableforth reports:—

"The additional classrooms and greater dormitory accommodation has made a greater intake of children possible. The ages of the children range from 7 years-16 years +.

In December, 1953, the school roll was 74. Admissions for the year were 23. Discharges for the year were 10, and of the children discharged four were of school leaving age, one went on to an Art School, two were recommended for supervision under Section 57(5), one to return to her home. Two children were returned to normal school. Four were discharged as their parents wished them to return home.

It would be of great interest to do a survey of the children leaving the school who have attained school leaving age and to study the type of work they are able to do, whether in their own homes or in outside employment; I hope to obtain some information on this subject. In Valence, apart from the nursing care given to the children by the two trained nurses Miss Chubb and Miss Green, there are three female supervisors and two male supervisors, who help with the bathing, dressing and undressing of those children who require assistance, and they are quite a number, also they assist with the application of night splints and the care of the clothing.

Physiotherapy is given by Miss Ashley and Miss Cheeseman our Physiotherapists and speech therapy by our Speech Therapist, Miss Formby.

Mr. Mayer is the visiting Orthopædic Surgeon.

During the year 30 children have received in-patient treatment in the hospitals for orthopædic, surgical or medical reasons: one boy had an operation for his congenital heart disease and is expected to be able to return to normal school life in the near future. Six children have attended the ophthalmic clinics.

Dr. Weston, the general practitioner, has given domiciliary treatment for intercurrent illness.

I have made regular routine examinations of the children during the year and, in addition, examined any child presented by the nursing staff or at the request of Mr. Hodgson, the Headmaster; also, I have had interviews with the parents and this has been particularly helpful in a school such as Valence, which is one catering for 'long term' cases.

I have mentally tested the children due to leave school and other children as thought advisable. Soon after the school opened, children were admitted with I.Q.s little above the borderline of educability, but it has been found that the wide ranges of ages and intelligences—some of the latter above average—coupled with severe physical handicaps has made their education a considerable problem for the teaching staff.

Physically handicapped children require a large amount of rest and the advantage to those who are severely handicapped of being educated in a residential school where they do not have the fatigue of travelling to and from school or clinic daily is very great, also their bed-times are more easily supervised; all the children at Valence have a period of rest after the mid-day meal.

I append the types of defects from which the children are suffering, some of them having multiple defects:—

1. <i>Neurological Defects</i>							
(a)	Cerebral palsies	..	..	..	..	..	24
(b)	Spinal cord lesions	..	..	..	..	..	4
(c)	Heredo-Familial Ataxias	..	..	..	..	..	2
(d)	Muscular dystrophies and muscular deficiencies	..	..	..	..	..	8
(e)	Post-Ant. Poliomyelitis	..	..	..	..	..	12
							—
							50
2. <i>Heart Defects</i>							
(a)	Congenital	..	..	..	..	..	5
(b)	Rheumatic	..	..	..	..	..	2
							—
							7
3. <i>Respiratory</i>							
(a)	Bronchiectasis	..	..	..	..	..	2
(b)	Chronic Bronchitis, plus body defect	..	..	..	..	..	1
4.	Bone diseases and deformities and joint diseases	..	..	..	..	..	13
5.	Blood diseases	..	..	..	..	..	2
6.	Partial deafness	..	..	..	..	..	2
7.	Focal epilepsies	..	..	..	..	..	3"

GENERAL CONDITION OF THE PUPILS.

Children examined at the routine medical inspections were classified with regard to their general condition as follows:—

TABLE 2

Year	Number of children examined	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
1953	90,028	38,938	43·3	47,269	52·5	3,821	4·2
1952	87,588	37,124	42·4	46,858	53·5	3,606	4·1
1951	80,217	33,992	42·4	42,629	53·1	3,596	4·5
1950	76,657	29,521	38·5	42,168	55·0	4,968	6·5
1949	68,012	21,594	31·8	41,421	60·9	4,997	7·3

A comparison with the figures for the previous five years shows that the percentage of children classified as "Good" has improved. In assessing the general condition of the pupils, the medical officers take into consideration the general physique and mental condition of the child examined.

SCHOOL MEALS SERVICE.

The County Education Officer reports as follows:—

"The year under review has been one of steady rather than spectacular work in the service, mainly incidental to the opening of new schools. The Ministry's restriction on capital development at existing schools still continues, and for that reason it has not been possible to do any major work at these schools.

The aims of the service, as have been stated before, are to supply nutritionally balanced dinners which are adequate in quantity and quality to educate the children in good food habits and to provide social training.

Comparative statistics for October, 1952 and October, 1953 are given below:—

TABLE 3

October, 1952			October, 1953		
No. of Schools or Departments	No. of School Departments at which Service was established	No. of School Departments remaining unserved	No. of Schools or Departments	No. of School Departments at which Service was established	No. of School Departments remaining unserved
858	837	21	868	850	18

TABLE 4

	No. of pupils on roll		Average number of dinners served daily to pupils		Percentage of pupils on roll served	
	October, 1952	October, 1953	October, 1952	October, 1953	October, 1952	October, 1953
Primary Schools	132,590	138,547	67,095	62,356	50·6	44·9
Secondary Schools	76,786	78,635	48,941	46,235	63·7	58·8
Total	209,376	217,182	116,036	108,591	55·4	50·0

Dinners are supplied free of charge in necessitous cases in accordance with the Committee's approved income scales. The number of dinners supplied free of charge in October, 1952 was 7,489, and in October, 1953-6,550.

The average number of children supplied with milk daily in October, 1952 was 164,098, i.e., 78·4 per cent. of the number on roll. The corresponding figures for October, 1953 were 171,103, i.e., 78·8 per cent. of the number on roll."

"Following Up"

The Health Visitors have continued the important duty of visiting parents of certain pupils found to require medical treatment to give any assistance and advice that is necessary.

FINDINGS AT MEDICAL INSPECTIONS.

Table 11 on page 26 shows the principal defects found at medical inspections.

At the inspection of routine ages 10,877 children (12 per cent. of the children examined) were found to have 12,794 defects requiring medical treatment.

MEDICAL TREATMENT.

There were no major changes during the year.

The Authority continued to remain responsible for the Minor Ailment, Dental, Child Guidance, Speech Therapy, Ophthalmic and Orthopædic Clinics, the specialists at the Child Guidance and Orthopædic Clinics being employed and seconded by the Regional Hospital Board.

There has been the closest possible co-operation between the School Health Service and the general practitioner and where a child needs special investigation (other than examination by an Ophthalmologist, Psychiatrist or Speech Therapist) or treatment, reference to a specialist is only made after prior consultation with the child's own doctor. In many cases the family doctor agrees for the School Health Service to make the arrangements.

Table 13 on page 28 gives details of the amount of treatment given during the year, but the figures relating to treatment provided otherwise than by the Local Education Authority are incomplete as statistical information is not received from all of the hospitals treating children from the administrative area.

(a) *Minor Ailments*.—The treatment of minor ailments is undertaken by the health visitors at the school clinics under the direction of a Medical Officer. During the year 18,747 defects received attention, compared with 24,704 for the preceding year.

(b) *Cleanliness Inspections*.—In my report for 1952 I reported that if at three consecutive examinations no pupils were found to be unclean at any particular secondary modern school, there would not be a further cleanliness inspection at the school for twelve months. It is interesting to record that it was not necessary for health visitors to visit two schools during 1953.

The improvement noted during the past six years has been maintained and the following table shows the incidence of infestation over these years.

TABLE 5
(Primary and Secondary Schools.)

Year	No. of pupils on the roll of Primary and Secondary Schools visited	Total number of examinations of pupils	Individual pupils found unclean	
			Number	% of col. 2
1953	184,960	500,251	3,027	1.6
1952	184,919	496,871	3,491	1.8
1951	—	471,494	3,171	—
1950	—	467,144	5,344	—
1949	—	445,060	7,046	—
1948	—	439,773	7,909	—

Cleanliness inspections are also carried out at Grammar and Technical Schools by request. The Health Visitors carried out 5,945 examinations at such schools with a total roll of 6,750 pupils and found sixteen individual pupils unclean.

(c) *Eye diseases, Defective Vision and Squint*.—The arrangements made for this work to be carried out under the Interim arrangements suggested in Ministry of Education Administrative Memorandum No. 303 continue to work satisfactorily. Spectacles are supplied through the Supplementary Ophthalmic Services and there has been the closest co-operation with the Clerk of the Kent and Canterbury Executive Council.

The number of children examined by the Ophthalmologists was 17,741, the corresponding figure for the previous year being 17,705. Spectacles were prescribed for 6,896 pupils and 6,298 pairs of spectacles were supplied through the Kent and Canterbury Executive Council.

The Assistant County Medical Officers reported that 139 pupils tested by the "Ishihara" colour vision plates were found to have a defect of colour vision. 116 of these pupils were examined by the Ophthalmologists by means of a "lantern test" to obtain more exact information as to the degree of colour blindness, and 57 were found to have such a degree of defect as to render them unsuitable for future employment in occupations where a full range of colour vision is essential.

The health visitors continued to test the vision of children aged seven years, and 9,673 children were so examined. Of these, 539 were referred to Assistant County Medical Officers for further examination.

(d) *Nose or Throat Defects*.—During the year the Assistant County Medical Officers recommended that 2,042 children required treatment for nose or throat defects, and these recommendations were referred to the general practitioner concerned. Information has been received concerning 3,017 pupils who received operative treatment during the year.

(e) *Orthopædic and Crippling Defects*.—The orthopædic scheme is administered by the Health Committee of the County Council. In 1953 there were 30,705 attendances at these clinics compared with 33,341 attendances during 1952. Of the former figure, 87 per cent. were children in attendance at maintained schools.

The following table gives particulars of the number of new patients during the year and the total number of attendances:—

<i>Clinics</i>	<i>New Patients of School Age</i>	<i>Total Number of Attendances of Children of School Age</i>
Ashford	25	865
Beckenham	116	4,227
Bexleyheath	24	593
Bromley	194	2,886
Erith	70	1,755
Hawes Down	27	986
Margate	20	2,850
Ramsgate	16	2,860
Sevenoaks	24	2,970
Sittingbourne	4	539
Tenterden	29	1,422
Tunbridge Wells	49	2,534
Welling	111	2,122
Totals	709	26,609

In addition, an Orthopædic Surgeon made regular visits to Laleham House and Valence Special Schools.

(f) *Minor Diseases of the Ear and Eye*.—The arrangements for the treatment of minor ear or eye defects continue as in previous years.

(g) *Child Guidance*.—Dr. A. Maberly reports:—

“Requests for diagnostic examinations at child guidance clinics in the County again amounted to slightly under 1,200, nearly a quarter coming from Juvenile Courts. These case figures have remained almost constant for the past four years and exceed those that can be dealt with adequately with existing accommodation and staffing. Waiting lists for initial examination are still too long at some clinics and consequently many applications are withdrawn before the names are reached. While it is reassuring that such withdrawals have fallen from 159 to 120, the combined waiting lists at the end of 1953 were virtually unchanged at 245. This means an average waiting time of three months and much longer in certain instances. Consequently the opportunity for early and effective treatment may be lost.

An improved balance of staffing at some clinics permitted a higher proportion of cases being accepted for treatment and total interviews rose to a new record level of 17,407. The clinics again participated in the follow-up enquiry organised by the National Association for Mental Health and a paper on ‘A follow-up investigation of residential handling of maladjusted children’ submitted by the Maidstone Clinic was one of those selected to be read at the Inter-Clinic Conference in London in November, 1953.”

The following table gives details of the work carried out during the year:—

TABLE 6

Clinic	No. of pupils referred during 1953	No. of Patients Diagnosed	Total Number of Interviews	Number Discharged				
				Consultation only	Condition unchanged	Condition improved	Non- co-operative	Transferred to other Authority
Canterbury ..	207	164	2,921	46	7	46	11	11
Chatham	144	115	2,043	22	—	9	2	1
Chislehurst ..	96	70	1,893	20	—	18	3	5
Crayford	216	211	3,970	37	6	119	9	13
Maidstone	302	257	4,872	165	2	74	22	14
Tunbridge Wells ..	210	187	1,708	130	14	36	4	3
Total	1,175	1,004	17,407	420	29	302	51	47

Total Attendances of Children, 11,239.

(h) *Speech Defects*.—Miss J. Pollitt has reported as follows:—

“The department has dealt with the records of 1,569 cases during 1953. 464 of these cases were closed during the year and 523 will continue under treatment during 1954; 582 cases are on the waiting lists for appointments.

Further expansion has taken place during the year. Two sessions per week are now being given at the Speech Therapy Clinic for Spastics at Dartford, as against one session last year. A new full-time clinic was opened in Sidcup during the autumn.

It might be expected that with the opening of a new clinic and the appointment of another full-time therapist, the waiting lists would decrease. This, unfortunately, is not, as yet, the case. There were 434 cases on the waiting lists at the beginning of 1951; since that time there has been a steady rise in the number of new cases referred each year. During 1951, 496 such cases were added to the already large waiting lists; in 1952, a further 513 new cases were placed on the waiting lists, and this year a further 580 new cases have been reported. The number of cases closed during any year is not yet compensating for the ever-growing number of new cases being referred.

Plans have been prepared during the year for further expansion of the service in the Bexleyheath area where it is hoped to open a full-time clinic in addition to the part-time service already being given.

As great a link as possible continues to be maintained with teachers and with other staff of the Education and Health Services. Consultation with various specialists within the hospital service is an integral part of the work being undertaken and has continued to the mutual benefit of all concerned.

The principle of seconding two therapists for one session per week each to the Kent and Canterbury Hospital and to the Dartford Hospital Management Committee has been maintained.

Students from the Oldrey-Fleming, and the Kingdon-Ward and, the West End Hospital for Nervous Diseases Speech Therapy Training Schools, have received practical experience and training in clinical practice during the year at the Gravesend, Bexleyheath, Crayford and Beckenham clinics.

A number of health visitors in training, and also student teachers and a doctor taking a course relating to psychiatric work, have visited the clinics. Visits have also been made by potential speech therapy students wanting to discuss and learn something of the work, prior to making up their minds about enrolling for training.

Two therapists have attended a Refresher Course during the year, and the practice of holding meetings every six months between all therapists in the County has continued.

In 905 of the 987 cases which were closed during 1953 or are being carried forward into 1954, the condition of speech when appointments were first offered at the clinics, was as follows:—

Stammer	185	Including 5 with the additional handicap of extremely poor innate intelligence.
Little attempt at expression through speech, although muscular co-ordination, hearing and speech mechanism normal; together with cases of dyslalia, ranging from unintelligible speech to comparatively slight articulation defects, unassociated with hearing loss or organic defect	273	The slow speech development of 38 of these cases was related to slow maturation natural to the child in view of innately poor mental calibre.
Speech defects of a dual nature (stammer + dyslalia, dyslalia + lateral sigmatism, stammer + cleft palate speech, stammer + hearing loss, etc.)	46	Including 3 with the additional handicap of extremely poor innate intelligence.
Lateral, nasal or interdental sigmatism, or a combination of these	67	
Hyper-rhinophonia:		
due to causes other than cleft palate .. 20	} .. 63	Including 3 with the additional handicap of extremely poor innate intelligence.
due to cleft palate 43		
Distortion or loss of speech of neurological origin	32	Including 3 with the additional handicap of extremely poor innate intelligence.
Speech defects associated with hearing loss	14	
Loss of speech following total laryngectomy	6	
Speech abnormalities due to organic defects not included above ..	9	
Cluttered indistinct speech	9	
Dysphonia	3	
Hypo-rhinophonia	4	
Retarded speech development associated with considerable innate mental retardation—not included above	35	
Tongue thrusting—no speech defect	3	
Speech found to be normal when seen at clinic	57	Including 1 with the additional handicap of extremely poor innate intelligence.
Reported to have improved prior to being seen at the clinic ..	50	
Investigation continuing, as yet incomplete	56	
	<hr/> 905	

In the remaining 82 of the 987 cases, seventeen had to be closed while investigation was incomplete as insufficient appointments were kept, and in the remaining 65 cases, no appointments were kept, or the patients were reported to have left the district or school prior to appointments being offered, or were reported to be having treatment elsewhere.

An analysis of the 464 cases closed during the year is shown below:—

Very satisfactory results	195
Treatment incomplete owing to the family leaving the district, or for other reasons—in many cases considerable progress had been made ..	43
Found to have improved when first seen by therapist ..	57
or reported by doctor, parent and/or teacher to have improved prior to appointments being, or when appointments were, offered ..	50
Little if any change in the condition	13
Attendance discontinued in favour of training or treatment elsewhere ..	7
Consultation only, followed by appropriate recommendations ..	15
Tongue thrusters—no speech defect—referred in order to correct habit and thereby aid orthodontic treatment being undertaken ..	2
Investigation incomplete as parents proved unco-operative ..	17
Treatment arranged elsewhere prior to appointments being offered ..	7
Appointments offered but never kept; either no reason given, or prolonged hospitalisation, illness, etc., made attendance impossible ..	31
Left district or started work prior to appointments being offered ..	27
	<hr/> 464

The following table shows the numbers on the waiting lists at the end of 1953, together with the number of sessions being given at each clinic and special school.

TABLE 7

Clinic	Sessions per week	Number on waiting list at end of December 1953
Ashford	2	15
Beckenham	6	21
Bexleyheath	2	96
Bromley	1	65
Canterbury	10	10
Chatham	6	124
Chislehurst	2	26
Crayford	7	42
Dartford Spastic	2	—
Deal	4	2
Folkestone	6	3
Gravesend	2	45
Maidstone General Clinic	6	43
„ “Special Cases”	4	9
Margate	10	21
Sidcup	10	38
Tonbridge	5	6
Tunbridge Wells	1	5
West Wickham	1	11
Valence School	2	—
Seabrook Lodge	—	—
16 Clinics and 2 Special Schools ..	89	582

The four sessions referred to above as Maidstone Special Cases, are taken by me; those attending are mainly cases referred to me by therapists from various parts of the County, or are cases for whom consultation has been thought desirable, prior to a decision being made in regard to clinical attendance. Periodic visits to Hythe Seabrook Lodge Special School continue to be made by me; in addition, a therapist has attended at the school regularly for a short period each week during part of the year in order to help two particular children.”

(i) *Dental Defects*.—Mr. F. J. Saunders, Principal Dental Officer, reports as follows:—

“On 31st December the Local Education Authority employed thirty-four whole-time and seven part-time dental officers, equivalent in total to the services of thirty-six and a half whole-time officers. The regrettable sudden death of Mr. W. W. F. Dawe in July after twenty-six years of faithful service and the resignation of two part-time and three whole-time officers during the year, including the dental surgeon for Orthodontia, were offset by the appointment of four whole-time and four part-time dental surgeons. The orthodontic dental surgeon was replaced by promotion from the staff. One whole-time officer appointed at the end of 1952 commenced duty on 1st January and one part-time officer will begin duty on 12th January, 1954. By the end of the year the equivalent of thirty-six and a half whole-time officers, excluding the Principal and Orthodontic Dental Surgeons, were on the staff.

Although the number employed in terms of whole-time officers at the end of the year shows an increase of one and a half whole-time officers there were, in fact, three whole-time officers short of the 1952 figure for several months during the year owing to the time taken to replace those who had left, and unavoidable absence from duty equivalent to two whole-time officers. Though these misfortunes caused

a reduction in the provision of treatment for patients in some districts the general arrangements of the service were maintained by allocating two or more sessions each week to other officers. On 31st December the number employed in the 'Excepted' Districts of Beckenham, Bromley, Gillingham and Bexley was equivalent to 2-1/11th, 2-4/11th, 2 and 2-2/11th full-time officers respectively. During the year the equivalent of two whole-time officers devoted 1,123 half days to the care of mothers and young children under Part II of the National Health Service Act, 1946 leaving the equivalent of thirty-four and a half for school health service work. Owing to the increase in the school population the overall allocation of children to each dentist on this basis increased from an average of 6,204 in 1952 to one of 6,290, the largest proportion being in the Gravesend, Northfleet and Swanley area and the lowest in the area of Hythe, Cheriton, Aylesham, New Romney and Lydd. Of approximately 217,000 on the school roll 69,178 (31.9 per cent.) had a routine inspection, 50,195 (72.5 per cent.) were found to require treatment but, as some of the treatment needed was of a minor nature only, 45,435 (65.7 per cent.) were referred as being in need of urgent attention. In addition, there were 14,137 special applications, making a total of 83,315 children inspected, which is 38.4 per cent. of the school population compared with 38.3 per cent. in the previous year and 36.8 per cent in 1951. 40,181 children actually received treatment.

The work of scaling, cleaning and polishing teeth by the Oral Hygienist under the supervision of the dental surgeons at Gravesend, Orpington, Sidcup, Welling and Chatham continued on the same lines as in previous years. A recommendation will be made to appoint an additional Oral Hygienist to work in Canterbury and Ramsgate on completion of alterations to the premises in Ramsgate. During the year 853 new patients under 16 years of age attended the clinics for treatment compared with 642 in 1952.

The following table shows the amount of work done and time spent on oral hygiene instruction during the year:—

Number of sessions worked	..	..	..	..	..	..	439
„ „ new patients treated	..	..	..	..	..	..	853
„ „ patients whose treatment was completed	..	..	..	..	..	..	845
„ „ scalings and polishing	..	..	..	..	..	..	1,879
Time spent in individual dental health education	..	..	..	..	..	..	311 hours

Owing to the increase in demand for treatment and resultant amount of work to be done none of the mobile caravans had been able to visit all of the schools assigned to them. When the fourth caravan is completed it will then be possible to reorganise the service with an allocation of approximately 4,000 children to each dentist. The resignation of the whole-time officer on No. 1 Caravan and his subsequent reappointment to work six sessions each week from 1st January, 1954, will, unfortunately, retard the inspection and treatment of children in the area until it becomes possible to replace him. Treatment of children attached to No. 2 Caravan is being carried out in school buildings during the overhaul and repainting of the vehicle. During the year 3,062 children were treated and 2,599 completed it on the three caravans. 3,216 permanent and 1,387 temporary fillings were inserted in 3,083 permanent and 1,371 temporary teeth and 1,395 general anæsthetics were administered for the extraction of 593 permanent and 5,081 temporary teeth.

The high standard of orthodontic treatment for irregularities and malocclusion of teeth obtained under the guidance of Mr. G. H. Roberts is now under the control of Mr. N. K. Thorn. To allow the six technicians in the workshops in Dover and Maidstone to devote the whole of their time to the manufacture of orthodontic appliances arrangements were made to transfer the whole of the denture work for expectant and nursing mothers to outside firms. This arrangement, together with the reduction in the number of dental surgeons available for duty throughout the year reduced the waiting period for appliances from six to eight weeks to three or four, but when the total staff of thirty-six and a half whole-time officers return to full employment, and with the possibility of additional staff, the delay may well be worse than at the end of 1952.

Details of the number of patients examined by the orthodontic dental surgeon and the number of appliances made in the County workshops are:—

TABLE 8

No. examined by Orthodontist	No. requiring appliance	No. completely treated	Total No. of attendances
3,114	744	543	10,536

TABLE 9

Orthodontic Appliances Fitted					Other Appliances Fitted		
Upper	Lower	Oral Screens	Remakes	Repairs	Dentures	Remakes	Repairs
1,062	172	197	15	85	365	12	72

343 patients requiring X-ray were referred to the nearest hospital. 905 of the permanent teeth extracted as recorded in Table 14, Page 31 were for regulation purposes. Five more dentures were made for children than in 1952.

Of the proposals submitted to the Education Committee for alternative accommodation in Cranbrook, Dartford, Sandwich, Sittingbourne, Sheerness, Penge and Rochester and for a new clinic at Murchison Avenue, Bexley and improvements to the premises and equipment in Bromley, Erith and

Maidstone, it had only been possible to complete the work at Cranbrook, Bromley, Erith and Maidstone and begin the work at Penge and Sandwich. Work on the new building at St. Paul's Cray commenced at the end of the year and the work at Ramsgate will be completed early in 1954. The position now is that the additional accommodation made available will permit the effective use of a total staff of 44 whole-time officers compared with 41 at the end of last year.

Of the 56 surgeries established in 51 permanent buildings, 54 have been in use during the year. In addition treatment was made available either in schools or halls in 11 rural districts by using temporary equipment. Patients requiring orthodontic treatment and extraction of teeth under nitrous oxide anaesthesia had to be referred to the nearest permanent clinic.

The service provided is comprehensive, covering examination, conservative treatment of teeth and gums, extractions, local and general anaesthetics, treatment of irregular teeth, radiological examination, the scaling and cleaning of teeth and instruction in oral hygiene. The supply and repair of dentures and manufacture of every kind of orthodontic appliance, acrylic crowns and inlays, are undertaken in the workshops of the Council. Other operations include permanent and temporary dressings, silver nitrate treatments, root canal dressings, acrylic and precious metal caps and inlays, crowns and impressions, bites, try-ins, easings and adjustments to orthodontic appliances. Orthodontic attendances at the rate of 10 per session utilized the time of approximately 1.7 whole-time officers. The ratio of permanent teeth filled to permanent teeth extracted was 3.9 to 1 compared with 2.7 to 1 in 1952, 4.0 to 1 in 1951 and 3.9 to 1 in 1950."

PHYSICAL EDUCATION.

The County Education Officer reports as follows:—

"The steady improvement in conditions and facilities and provision of apparatus reported last year has been maintained over the past twelve months. In primary schools, the continued extension of the use of small and large apparatus, in order to keep every child busily employed in the practice of various skills, is producing a marked change in the form of physical education lessons. By gradual provision over recent years, most primary departments are now equipped with at least one of a variety of types of clambering apparatus. Several playgrounds have been improved and extended and the few remaining gravel and earth playgrounds that were to be found in rural areas among voluntary schools taken over have now been tarped.

During the year under review, two new Ministry of Education publications 'Moving and Growing' and 'Planning the Programme', which constitute Parts One and Two of 'Physical Education in the Primary School' have been issued to all primary schools. They replace the 'Syllabus of Physical Training for Schools', issued by the Board of Education in 1933. It is clear from these publications, which contain many photographs of work in Kent schools, that the kind of physical education fostered in the County is in line with modern thought on the subject.

The secondary school syllabus is still extending its scope beyond the traditional gymnastics. Training in the basic skills of athletics and the National seasonal games is given as part of the normal school curriculum and the competition in these sports forms a considerable part of the out-of-school activities.

In addition to the established summer and winter games, basketball is rapidly establishing itself as a popular game in boys' secondary schools and, now that many schools have the proper equipment, an improving standard of play is already evident. Other games and sports receiving a greater or lesser emphasis, depending on the facilities available, the teachers' preference and on local traditions, are boxing, wrestling, fencing, hockey, cross-country running and camping.

In girls' schools there has also been a change in emphasis and the formal Swedish type of gymnastics, popular between the two wars, is now falling into disfavour. Schools are now given greater scope for experiment and for the development of their own activities, and the types of exercises presented are strongly influenced by modern educational dance movements. This approach seems to appeal to the adolescent girl, giving her a feeling of confidence and developing grace and ease of movement and a sense of poise. Some experiments have been made in girls' grammar and secondary schools to allow a certain amount of choice of physical activity to the older girls. Where there is adequate accommodation and sufficient physical education staff, the result has been successful.

Tennis is being introduced more and more into the secondary schools wherever playgrounds lend themselves to the laying out of courts and it has been found that the girls are very eager to learn even if the lack of adequate facilities makes difficult the attainment of a good standard. Courses and demonstrations, run in conjunction with the Kent Lawn Tennis Association, have been well supported by teachers, but there is still much to be done to improve conditions and the standard of coaching.

Some experimental work with parties of boys and teachers has been carried out on the Rivers Medway and Rother and the Royal Military Canal to see if canoeing expeditions could be successfully undertaken by school parties. The results have been encouraging and arrangements are now in hand for some schools to make their own canoes as a preparation for trips and mobile camping along the Kent waterways.

The number of women teachers now able and willing to coach athletics in the girls' schools has greatly increased, and the area and county athletic meetings testify to the rapidly improving standard of performance each year.

The number of children attending the swimming baths for instruction has been maintained, even though contributions towards travelling expenses have to be made by some pupils.

There was again, this year, co-operation between the Assistant County Medical Officers, the Physical Education Advisers and the Senior Physiotherapist at another residential weekend course designed to help physical education teachers to deal, in school, with minor postural defects. This work is considered very valuable and there is a demand for further courses for the benefit of teachers from those schools not already catered for.

Teachers have continued to give freely of their time and energies in organising and conducting inter-school matches in a variety of activities, so that many thousands of children in the County get their weekly game at appropriate levels in the seasonal sport.

This side of the work should not be overlooked for the physical exercise afforded by constant practice over an extended period in the acquisition of a variety of skills contributes to a balanced and well developed physique."

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN.

An inquiry into the growth, health and development of a national sample of 6,000 children born in England, Wales and Scotland during the first week of March, 1946, is being carried out by a Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee.

About 160 of these children live in Kent and most of them were, with the co-operation of the parents, medically examined in April by Assistant County Medical Officers for the completion of examination schedules requested by the Joint Committee. Absence records are being kept at their schools, and in January, May and November the parents were interviewed by Health Visitors to supplement this information and to obtain details of illnesses and accidents during the previous school holidays.

EMPLOYMENT OF CHILDREN.

Arrangements were made for the Assistant County Medical Officers to examine children during the first half hour of each opening of the minor ailment clinics and child welfare centres. During the period 2,122 children were examined, and certificates were refused in 25 cases.

ACCOMMODATION PROVIDED UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

Under the provisions of Section 28 of the National Health Service Act, 1946, the County Council provides accommodation in suitable recuperative homes for persons requiring a period of recuperation which cannot be provided adequately in their own homes. This includes provision for school children and during the year under review 29 children were admitted.

DIPHTHERIA IMMUNISATION.

The County Council arrange for immunisation facilities to be available for children of school age, special sessions being held at the Committee's school clinics if appropriate, and on school premises. Reinforcing injections are given at appropriate stages throughout the period of school life. The following table shows the extent to which Diphtheria Immunisation has been carried out in the County during the year 1953:—

Primary Injections Number of children between 5 and 15 years	Secondary or re-inforcing injections
2,308	17,166

WORK OF VOLUNTARY BODIES

The following table shows the amount of work undertaken by the National Society for the Prevention of Cruelty to Children during the year:—

<i>Branch</i>	<i>No. of children</i>	<i>Visits made</i>
Ashford	24	72
Bromley	19	81
Canterbury	26	41
Gravesend, Medway and Swale ..	74	326
Isle of Thanet	20	70
Maidstone	12	83
North Kent	23	84
South-East Kent	11	79
Sydenham	8	27
West Kent	13	21
TOTALS	230	884

SPECIAL ARRANGEMENTS FOR STAFF MEDICAL AND X-RAY EXAMINATIONS

In my report for 1952 I referred to the special arrangements for staff medical and X-ray examinations. I set out below some details of the medical and X-ray examinations carried out during the year:—

	<i>Number of Medical Examinations</i>	<i>Number of X-ray Examinations</i>
(a) Candidates applying for entry to a training college	460*	22
(b) Entrants to the teaching profession ..	129*	92
(c) Teachers appointed to the County Staff (health declarations) ..	1,164	822

* A number of examinations which were carried out before the end of 1953 are not included as the reports had not been received when these figures were compiled.

**MEDICAL INSPECTION RETURNS OF PUPILS ATTENDING MAINTAINED PRIMARY,
SECONDARY, GRAMMAR AND TECHNICAL SCHOOLS**

TABLE 10
MEDICAL INSPECTIONS

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
A—PERIODIC MEDICAL INSPECTIONS						
Number of Inspections in the pre- scribed Groups—						
Entrants	858	1,231	946	1,233	23,305	27,573
Second Age Group	560	1,108	749	823	14,368	17,608
Third Age Group	555	893	604	582	14,187	16,821
Total	1,973	3,232	2,299	2,638	51,860	62,002
Number of other Periodic Inspections	2,161	2,017	1,684	926	21,238	28,026
Grand Total	4,134	5,249	3,983	3,564	73,098	90,028
B—OTHER INSPECTIONS						
Number of Special Inspections ..	1,059	1,953	1,630	1,664	9,685	15,991
Number of Re-Inspections	287	3,370	440	1,967	36,609	42,673
Total	1,346	5,323	2,070	3,631	46,294	58,664

C—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)						For any of the other conditions recorded in Table 13 (3)						Total individual pupils (4)					
		Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total
Entrants	..	22	21	3	160	217	11	22	21	3	160	217	80	337	114	98	2,285	2,914
Second Age Group	..	116	23	37	683	876	17	116	23	37	683	876	59	468	101	60	1,484	2,172
Third Age Group	..	94	23	18	749	900	16	94	23	18	749	900	60	396	54	29	1,663	2,202
Total (prescribed groups)	..	232	67	58	1,592	1,993	44	232	67	58	1,592	1,993	199	1,201	269	187	5,432	7,288
Other Periodic Inspections	..	245	74	39	1,099	1,489	32	245	74	39	1,099	1,489	147	699	179	80	2,484	3,589
Grand Total	..	477	141	97	2,691	3,482	76	477	141	97	2,691	3,482	346	1,900	448	267	7,916	10,877

TABLE 12
INFESTATION WITH VERMIN

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(i) Total number of examinations in the schools by the school nurses or other authorised persons	17,894	9,260	16,724	24,325	437,993	506,196
(ii) Total number of pupils on roll of schools visited	6,307	4,998	6,409	9,623	161,822	189,159
(iii) Total number of individual pupils found to be infested	7	44	92	388	2,512	3,043
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	5	—	2	1,094	1,101
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	—	1	1

TREATMENT TABLES.

NOTES.

(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

TABLE 13
GROUP I.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table 12)

Number of cases treated or under treatment during the year												
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
Ringworm—(i) Scalp ..	—	—	2	2	3	7	—	—	—	—	—	—
(ii) Body ..	—	84	5	12	25	126	—	—	—	—	—	—
Scabies	—	5	3	18	25	51	—	—	—	—	—	—
Impetigo	3	11	21	50	341	426	—	—	—	1	—	1
Other skin diseases ..	937	213	276	83	1,841	3,350	1	—	11	3	13	28
Total	940	313	307	165	2,235	3,960	1	—	11	4	13	29

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases treated											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
External and other, excluding errors of refraction and squint	340	172	489	166	188	1,355	1	—	—	3	16	20
Errors of Refraction (including squint) ..	623	1,938	1,225	760	11,840	16,386	21	—	—	26	26	73
Total	963	2,110	1,714	926	12,028	17,741	22	—	—	29	42	93
Number of pupils for whom spectacles were												
(a) Prescribed ..	229	527	663	277	5,200	6,896	—	—	—	—	22	22
(b) Obtained ..	221	448	646	286	4,697	6,298	—	—	—	—	22	22

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment—												
(a) for diseases of the ear	—	—	—	—	—	—	—	2	1	—	8	11
(b) for adenoids and chronic tonsillitis	—	—	—	—	—	—	416	87	250	103	2,128	2,984
(c) for other nose and throat conditions	—	—	—	—	—	—	—	7	—	6	9	22
Received other forms of treatment	99	—	105	52	—	256	26	37	45	8	114	300
Total	99	—	105	52	—	256	442	133	296	117	2,259	3,317

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	—	—	—	—	—	—	5	12	—	—	35	52
(b) Number treated otherwise, e.g. in clinics or out-patient departments	147	288	191	—	1,906	2,532	16	19	—	21	786	842

GROUP V.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated	1,352	384*

* By arrangements with the Canterbury L.E.A.

GROUP VI.—SPEECH THERAPY

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated	987	—

GROUP VII.—OTHER TREATMENT GIVEN

	Number of cases treated											
	by the Authority						otherwise					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(a) Miscellaneous minor ailments	1,909	1,025	1,268	551	5,402	10,155	—	—	—	36	—	36
(b) Other												
1. Ear Defects ..	—	99	—	52	377	528	—	—	—	9	—	9
2. Eye Defects ..	—	96	—	166	1,910	2,172	—	—	—	1	—	1
3. Injuries ..	—	39	—	—	1,891	1,930	—	—	—	—	—	—
4. Catarrh, Sore Throats, etc. ..	—	—	—	2	—	2	—	—	—	5	—	5
5. Appendicectomy ..	—	—	—	—	—	—	—	—	—	—	126	126
6. Accidents and Fractures ..	—	—	—	—	—	—	—	—	—	—	211	211
7. Miscellaneous ..	—	—	—	—	—	—	—	—	—	—	152	152
Total	1,909	1,259	1,268	771	9,580	14,787	—	—	—	51	489	540

TABLE 14
DENTAL INSPECTION AND TREATMENT

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(1) Number of pupils inspected by the Authority's Dental Officers—						
(a) Periodic age groups	6,139	3,112	4,169	3,980	51,778	69,178
(b) Specials	93	1,642	2,224	3,592	6,586	14,137
Total (1) ..	6,232	4,754	6,393	7,572	58,364	83,315
(2) Number found to require treatment ..	3,681	3,100	3,090	6,323	34,001	50,195
(3) Number referred for treatment ..	3,274	3,100	2,028	5,874	31,159	45,435
(4) Number actually treated	2,786	1,912	2,751	4,416	28,316	40,181*
(5) Attendances made by pupils for treatment	7,191	5,733	8,531	8,877	83,844	114,176*
(6) Half-days devoted to—						
Inspection	50	19	31	42	545	687
Treatment	849	779	1,014	1,009	10,098	13,749
Total (6) ..	899	798	1,045	1,051	10,643	14,436
(7) Fillings—						
Permanent Teeth	3,105	1,116	3,234	3,938	28,928	40,321
Temporary Teeth	1,437	283	655	1,171	7,741	11,287
Total (7) ..	4,542	1,399	3,889	5,109	36,669	51,608
(8) Number of teeth filled—						
Permanent Teeth	2,799	1,071	3,150	3,013	26,410	36,443
Temporary Teeth	1,368	272	646	1,168	7,651	11,105
Total (8) ..	4,167	1,343	3,796	4,181	34,061	47,548
(9) Extractions—						
Permanent Teeth	255	598	847	1,185	6,482	9,367
Temporary Teeth	2,281	3,004	3,010	5,458	34,755	48,508
Total (9) ..	2,536	3,602	3,857	6,643	41,237	57,875
(10) Administration of general anæsthetics for extraction	995	1,422	1,819	3,116	10,446	17,798
(11) Other operations—						
Permanent Teeth	2,077	715	1,878	1,070	19,107	24,847*
Temporary Teeth	1,253	644	926	118	12,455	15,396
Total (11)	3,330	1,359	2,804	1,188	31,562	40,243

* These figures include orthodontic work.

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